

IN THE UNITED STATES DISTRICT COURT  
FOR THE Middle DISTRICT OF TENNESSEE,  
DIVISION

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**  
**UNDER TITLE 42 U.S.C., SECTION 1983**

**RECEIVED**  
IN CLERK'S OFFICE

AUG 22 2014

U.S. DISTRICT COURT  
MID. DIST. TENN.

TRACY WOODARD, ]

Name: ]

Prison Number: 159910 ]

\_\_\_\_\_, ]  
Name: ]

Prison Number: \_\_\_\_\_ ]

\_\_\_\_\_, ]  
Name: ]

Prison Number: \_\_\_\_\_ ]

Plaintiff(s) ]

(List the Names of all plaintiffs Filing ]  
this Lawsuit; do not use "ET AL") ]

vs. ]

CORIZON INC., ]

JOHN DOE (Health Administrator) ]

DR. BOYD (CBCX), ]

Defendant(s) ]

(List the names of all defendants against ]  
whom you are filing this lawsuit; do not ]  
use "ET AL") ]

Civil Action No.: \_\_\_\_\_

(To be assigned by the Clerk's Office.)  
(Do not write in this blank space)

If you need more space to list other plaintiffs and/or defendants, so indicate  
and attach a separate of paper.

Page 1 of 12

Additional Defendants

DR. SADER (CBCX)

Mike Johnson (CBCX unit manager)

WARDEN Simmons (CBCX)

WARDEN Qualls (CBCX)

DR. OTIS Campbell (TCIX)

Kevin Rae (TCIX)

I. PREVIOUS LAWSUITS:

- A. Have you or any of the other plaintiffs listed above filed any other lawsuits in a United States District Court (Tennessee) and/or in any other state or federal court?

Yes

No

- B. If your answer YES to Question A, list the following information:

(If you have filed more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline as below).

1. Parties to previous lawsuit:

Plaintiffs:

TRACY WOODARD #159910

Defendants:

STATE of Tennessee

2. In what court did you file the previous lawsuit?.

claims Commission (middle division)

( If Federal Court, name the district; if State Court, name the county)

3. Case Number of previous lawsuit:

T20141320

4. Name of Judge to whom case was assigned:

ROBERT N. HIBBETT

5. When did you file the previous lawsuit

April 2014

(Indicate year if you don't know the exact month or day)

6. What was the disposition or result of the previous lawsuit (For example,

was it dismissed, appealed, or is it still pending?)

still pending

7. When was the previous lawsuit decided by the Court? (Indicate the year if you do know exact month or day)

8. Did the previous lawsuit involve the same facts or circumstances that you are alleging in the lawsuit you are now submitting?

☒ Yes ☐ No  
I claimant was unaware that certain defendants were not employed by the state. Claims commission may/may not have jurisdiction.

II. PLACE OF CURRENT CONFINEMENT OF PLAINTIFFS):

- A. Name of prison or jail, in which you are currently incarcerated:

TURNER CENTER Industrial Complex

- B. Are the facts of your lawsuit related to your confinement in your present prison or jail?

☒ Yes

☐ No

- C. If your answer is No to question B, list the name and address of the jail or prison to which the facts of your lawsuit relate:

- D. Do the facts of your lawsuit relate to your confinement in a Tennessee State prison?

☒ Yes

☐ No

- E. If your answer YES to Question D, did you present these facts to the prison

authorities through the state prison grievance procedure?

Yes

No

F. If you answered YES to Question E.

1. What steps did you take?

I Filed A grievance

2. What was the result?

My grievance WAS SAID to be inappropriate. I WAS UNAWARE  
I could appeal the decision.

G. If you answered NO to Question E, Explain why not:

III. PARTIES TO THIS LAWSUIT:

1. Name of First Plaintiff:

TRACY WOODARD

#159910

Prison ID Number of first Plaintiff:

Address of First Plaintiff:  
TURNER CENTER INDUSTRIAL complex

1499 R.W. MOORE Memorial Hwy. ONLY, TN  
37140

(Include name of institution and mailing address)

2. Name of Second Plaintiff:

Prison ID Number of Second Plaintiff:

Address of Second Plaintiff:

(Include name of institution and mailing address)

3. Name of Third Plaintiff:

Prison ID Number of Third Plaintiff:

Address of Third Plaintiff:

(Include name of institution and mailing address)

**If there are more than three Plaintiffs, list their names, prison identification numbers and addresses below or on an attached sheet of paper:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the left side, there is a vertical margin line, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled document. The lighting is even, and the lines are clearly defined against the white background.

**For each defendant, check whether you are naming the defendant in his or her individual and/or official capacity.**

1. Name of First Defendant:

CORIZON INC.

**Place of Employment of First Defendant:**

NA

**Address of First Defendant:**

c/o CT Corporate Systems

800 South GAY St. 2021

Knoxville, TN. 37929-9710

Named in official capacity:

☒ Yes

No

Named in individual Capacity:

☒ Yes

No

2. Name of Second Defendant:

JOHN DOE (Health Administrator CBCX)

Place of Employment of Second Defendant:

Charles Bass Prison

Address of Second Defendant:

7177 Cockrell Bend Industrial Blvd

Nashville, TN. 37243-0470

Named in official capacity:

Yes

No

Named in individual Capacity:

☒ Yes

No



3. Name of Third Defendant:

DR. SADER

Place of Employment of Third Defendant:

CHARLES BASS Correctional Complex

7177 Cockerill Bend B/VD  
Nashville, TN 37243-0470

Address of Third Defendant:

Named in official capacity:

Yes

No

Named in individual Capacity:

Yes

No

If you are bringing the lawsuit against more than three defendants, you must list each defendant's name, place of employment, address and capacity in which you are suing the defendant on an attached sheet of paper.

If you do not list each defendant's name, any such defendant will not be included in your lawsuit; if you do not list each defendant's name, place of employment and address, the clerk will not be able to serve any such defendant.

#### IV. STATEMENT OF YOUR CLAIM:

State here as briefly as possible the **facts** of your case. Recite the **dates** when any incidents or events occurred, and the **places** where such incidents or events took place. Describe how each **defendant(s)** is involved. Also include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set each claim forth in a separate paragraph.

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Name of Defendant

MIKE JOHNSON (unit manager)

Place of employment

Charles Bass Correctional Complex

Address of Defendant

7177 Cockrill Bend Blvd

NASHVILLE, TN. 37243-0470

Named in official capacity yes no

Named in individual capacity yes NO

Name of Defendant

WARDEN SIMMONS

Place of employment

Special Needs Facility

Address of Defendant

7595 Cockrill Bend Blvd

NASHVILLE, TN. 37209-1057

Named in official capacity yes NO

Named in individual capacity yes NO

Name of Defendant

WARDEN QUALLS

Place of Employment

Charles Bass Correctional Complex

Address of Defendant

7177 Cockrill Bend Blvd

NASHVILLE, TN. 37243-0470

Named in official capacity yes NO

Named in individual capacity yes NO

Name of Defendant

DR. OTIS Campbell

place of employment

Turkey Center Industrial Complex

Address of Defendant

~~1499 R.W. Moore Memorial Hwy~~ 1499 R.W. Moore Memorial Hwy

Only, TN. 37140

named in official capacity ☒ yes No

named in individual capacity yes No

Name of Defendant

KEVIN Rae

place of Employment

Turkey Center Industrial Complex

Address of Defendant

1499 R.W. Moore Memorial Hwy.

Only, TN. 37140

Named in official capacity ☒ yes No

Named in individual capacity yes No

Blank lined area for text entry.

**If you require additional space, attach a separate sheet, or extra sheets, of paper.**

A.

Issue A declaratory judgement stating that defendant's actions violated and continues to violate, the plaintiff's rights

B.

Issue an injunction ordering defendants to: provide adequate medical care to Plaintiff, in accordance with published professional standards.

C.

comply with all treatment recommendations of Dr. Joss.

D.

Compensatory damages (future medical costs) and lost earnings.

E.

AND such other relief as the courts direct.

I (we) hereby certify under penalty of perjury that the above complaint is true to the best of my (our) information, knowledge, and belief.

Signed this 20<sup>th</sup> day of August 2014,

Tracy Woodard Signature:

Prison

ID

Number

159910

Address:

1499 R.W. MOORE Memorial Hwy.

ONLY, TN. 37140

Signature:

Notice: All Plaintiffs must sign the Complaint. If there are more than three (3) plaintiffs, attach additional signatures, with prison identification no. and addresses

Prison

ID

Number

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Address:

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Signature:

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Prison

ID

Number

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Address:

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